



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: CLI SURGERY CENTER FORT WAYNE

Street Address: 7747 W Jefferson Blvd

City: Fort Wayne

County: Allen

Administrator Name: Sandra Sullivan

Administrator Email: ssullivan@clisx.com

ASC Web Address:

Fiscal Year: 2021

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	6355	6703
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	3100	
66821	2136	
66982	261	
66761	208	
67031	204	
65855	162	
0191T	111	
67228	109	
66988	73	
66987	39	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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